

Patient Safety in the Community: A Checklist for Oral Chemotherapy

Feasibility Study with CancerCare Manitoba and
Shoppers Drug Mart Manitoba Clinic Location



In collaboration with:

Cancer Care Ontario and Canadian Association of Provincial Cancer Agencies

Oral Chemotherapy Checklist Feedback Survey

The following feedback survey was created and used by Cancer Care Ontario in their checklist feasibility study. In the case where specific reference to Ontario specific names were found, these were changed to apply to Manitoba.

Feedback Survey:

1) Total number take-home cancer drug prescriptions verified with the checklist: _____

2) Approximate number take-home cancer drug prescriptions verified *per week* with the checklist:

< 10 10 to 20 21 to 30 >30

Please rate the following on a 1 to 5 scale:

1: Strongly disagree 3: Neither agree nor disagree 5: Strongly agree

3) The checklist is comprehensive enough for me to clinically verify cancer drug prescriptions.

1 2 3 4 5

4) The layout of the checklist clear and easy to follow.

1 2 3 4 5

5) Approximately how long did it take you to verify an average take-home cancer drug prescription using the checklist?

<5 min 5 to 10 min >10min

1: Strongly disagree

3: Neither agree nor disagree

5: Strongly agree

- 6) Most take-home cancer drug prescriptions contained the information needed to complete the clinical verification.

1 2 3 4 5

- 7) Please indicate what elements were often omitted (e.g. regimen name, patient allergies, etc):

- 8) Using the checklist made it easier to identify problems that required intervention.

1 2 3 4 5

- 9) If possible, please describe some problems that were identified through the use of the checklist:

1: Strongly disagree

3: Neither agree nor disagree

5: Strongly agree

10) The checklist was easy to fit into my workflow for cancer drug prescriptions.

1 2 3 4 5

11) The explanatory document was clear and I understood the reasoning behind each of the individual checkpoints.

1 2 3 4 5

12) I would use this checklist for cancer drug prescriptions that I dispense in my pharmacy.

1 2 3 4 5

13) Please indicate any specific changes that you would like to make to the checklist or accompanying document:

1: Strongly disagree

3: Neither agree nor disagree

5: Strongly agree

14) The following documents in the BC Cancer Agency online Drug Formulary were helpful for verifying take-home cancer drug prescriptions:

- The cancer drug monographs

1 2 3 4 5

- The regimen monographs

1 2 3 4 5

- The symptom management information

1 2 3 4 5

15) Please indicate any additional comments below: